

Under the Patent Term Extension Act of 1985, no refunds are provided in accordance with the following:

Effective on 10/01/2004, Patent fees are subject to annual inflation.

FEE TRANSMITTAL

For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (3) \$130.00

PTO/SB/17 (11-04)
Approved for use through 07/31/2005. OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Privacy Act of 1974, no refunds are provided in accordance with the following:

Complete if Known

Application Number	10/649,116
Filing Date	August 26, 2003
First Named Inventor	Paul Racchi
Examiner Name	McDowell, Marc
Art Unit	3661
Attorney Docket No.	40146/32;6

METHOD OF PAYMENT (check all that apply)

 Check Credit Card Money Order Deposit Account None

Deposit Account Number	19-4455
Depositor Name	Stoel Rives LLP

The Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below
 Charge fee(s) indicated below, except for the filing fee
 Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17
 Credit any overpayments

to the above-identified deposit account.

 Other (please identify): _____

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FEE CALCULATION

1. BASIC FILING FEE

Fee Description	Fee (\$1)	Small Entity Fee (\$1)	Fee Paid (\$1)
Utility Filing Fee	790	395	_____
Design Filing Fee	350	175	_____
Plant Filing Fee	550	275	_____
Reissue Filing Fee	790	395	_____
Provisional Filing Fee	160	80	_____
Subtotal (1)	\$ 0.00		

FEE CALCULATION (continued)

2. EXTRA CLAIM FEES

Fee Description	Fee (\$1)	Small Entity Fee (\$1)	
Each claim over 20	18	9	
Each independent claim over 3	88	44	
Multiple dependent claims	300	150	
For Reissues, each claim over 20 and more than in the original patent	18	9	
For Reissues, each independent claim more than in the original patent	88	44	
Total Claims	Extra Claims	Fee (\$1)	Fee Paid (\$1)

20 or MP = _____ x _____ = _____
 MP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$1) Fee Paid (\$1)

3 or MP = _____ x _____ = _____
 MP = highest number of independent claims paid for, if greater than 3

Multiple Dependent Claims Fee (\$1) Fee Paid (\$1)

Subtotal (2) \$ 0.00

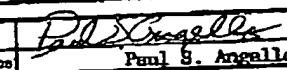
3. OTHER FEES

Fee Description	Fee (\$1)	Small Entity Fee (\$1)	Fee Paid (\$1)
1-month extension of time	110	55	_____
2-month extension of time	430	215	_____
3-month extension of time	980	490	_____
4-month extension of time	1,530	765	_____
5-month extension of time	2,080	1,040	_____
Information disclosure sum. fee	180	180	_____
37 CFR 1.17(q) processing fee	50	50	_____
Non-English specification	130	130	_____
Notice of Appeal	340	170	_____
Filing a brief in support of appeal	340	170	_____
Request for oral hearing	300	150	_____
Other: <u>Terminal Disclaimer</u>			130.00
Subtotal (3)	\$ 130.00		

SIGNED BY

Signature

Name (Print/Type)


 Paul S. Angelillo
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Attorney/Agent 30,991

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Date 12/3/2004

This collection of information is required by 37 CFR 1.156. The information is required to obtain or retain a benefit by the public which is to be paid (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.